



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: UNION HOSPITAL (TERRE HAUTE)

City of Hospital: Terre Haute

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Tammie Brown

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Medicare Provider Number: 15-0023

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$503137546
Outpatient Patient Service Revenue	\$945504381
Total Gross Patient Service Revenue	\$1448641927

2. Deductions From Revenue

Contractual Allowance	\$958763673
Other Deductions	\$49436023
Total Deductions	\$1008199696

3. Total Operating Revenue

Net Patient Service Revenue	\$440442231
Other Operating Revenue	\$15194328
Total Operating Revenue	\$455636559

4. Operating Expenses

Salaries and Wages	\$108197334	Employee Benefits	\$21928710
Depreciation and Amortization	\$23239077	Interest Expense	\$10832702
Bad Debt	\$0	Other Expenses	\$240059447
Total Operating Expenses	\$404257270		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$51379289	Total Assets	\$470197588
Net Non-operating Gains over Loss	\$3465587	Total Liabilities	\$308269106

Total Net Gains	\$54844876
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$745036543	\$559718946	\$185317597
Medicaid	\$232941622	\$176527506	\$56414116
Other Government	\$28538246	\$0	\$28538246
Other State	\$19846394	\$18787765	\$1058629
Other Payers	\$422279122	\$203729456	\$218549666
Total	\$1448641927	\$958763673	\$489878254

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$148155	\$-148155

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$160894	\$-160894

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$3142794	\$7647052	\$-4504258
Hospital Patients	\$0	\$4459135	\$-4459135
Community Education	\$0	\$19394	\$-19394

Number of Medical Professionals Trained	\$58148
Number of Hospital Patients Educated	351050
Number of Citizens Exposed to Health Education Messages	\$1999

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3987944	
HCI Payments	\$0		
Subtotal	\$0	\$3987944	\$-3987944
Medicaid Shortfalls	\$0	\$25581599	
Subtotal	\$0	\$29569543	\$-29569543
DSH Payments	\$0		
Subtotal	\$0	\$29569543	\$-29569543
Medicare Shortfalls	\$0	\$201508306	
Other Government Programs	\$0	\$0	
Total	\$0	\$231077849	\$-231077849

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$8921527	\$-8921527
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$649988	\$-649988
Other Allocations	\$0	\$0	\$0

Comments

we are waiting to file 990 for 2018

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